

## **MEMORANDUM-IMMEDIATE ATTENTION REQUIRED**

**To: Deferred Compensation Program Provider Representatives**

**From: NDPERS Staff**

**Date: March 2006**

**Subject: MANDATORY TRAINING**

NDPERS will again be offering Deferred Compensation Provider Training Sessions this spring. As you know, the administrative provider contract requires that you attend a NDPERS training session or one approved by the NDPERS Board within one year of beginning services and once every two years thereafter, in order to retain your eligibility to provide services under the program. Our records indicate that it will be necessary for you to attend one of the upcoming sessions to fulfill your company's contractual requirements.

In addition to satisfying the contractual requirement, it is beneficial for you to attend a training session for at least two more reasons. First, there have been administrative changes recently in the program and second, because the NDPERS PEP program is available to members across the state. We anticipate ever increasing participation in the NDPERS deferred compensation program as members grow to understand the incentive to participate provided by PEP. Therefore, it is to your benefit to be up to date on the procedures and provisions of the NDPERS deferred compensation program and to understand the PEP program thoroughly.

Enclosed are the scheduled dates, times, and places that NDPERS will be conducting sessions. Please check the session site you will be able to attend. Also list a second choice in case there is a scheduling conflict. **RETURN THE ENCLOSED RSVP EITHER BY FAX (701) 328-3920 OR MAIL BY 5:00 PM ON APRIL 20, 2006.**

NDPERS has obtained certification to award continuing education credits for this course and will certify your attendance at the training so you may receive continuing education units.

We look forward to seeing you there.

# **RSVP**

## **REQUIRED INFORMATION**

Name: \_\_\_\_\_

National Producer Number (NPN): \_\_\_\_\_

NDPERS Deferred Compensation Company you are appointed with (list all): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address (Required for Confirmation Notice) \_\_\_\_\_

**To attend a Provider Training session, please indicate your first and second choice and return this form by April 20, 2006**

<b>√1<sup>st</sup> Choice</b>	<b>√2<sup>nd</sup> Choice</b>	<b>Day</b>	<b>City</b>	<b>Facility</b>	<b>Time</b>
		April 25, 2006	Jamestown	Gladstone Select Hotel Room - Gladstone 3 111 2 <sup>nd</sup> St NE	10am - 12pm
		April 26, 2006	Bismarck	Heritage Center Lecture Room A Capitol Grounds	9:30 am – 11:30 am
		May 2, 2006	Fargo	Kelly Inn O'Ryan Room Main Ave & I-29	10am – 12pm

**YOUR CONFIRMATION WILL BE SENT TO YOU VIA EMAIL ONLY.**

**Return to:  
NDPERS  
PO Box 1657  
Bismarck ND 58502-1657  
or FAX (701) 328-3920**

**NOTE:** Materials will be supplied for registered participants only. **In the event that there is less than 5 enrolled for a training session, the session will be cancelled and those representatives will be asked to attend a training session at one of the other locations.**